Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Previous Editions Not Usable	,	****		Standard Form 424 (REV 4-88)
Signature				
Approved for the Secretary of	of the Inlerior		Title:	Date
1 Son	Le 4/la	Xris -		10/7/05
d. Signature of Adilporized R	legreaentative /	1		o. Date Signed
1	Renee Renwick		Deputy Director, Admin.	(916) 653-4633
a. Typed Name of Authorize			b. Title:	c. Telephone Number
			MILL COMPLY WITH THE ATTACHED ASSURAN	
		ALL DATA IN THIS APPLICATION	PREAPPLICATION ARE TRUE AND CORRECT.	THE COCUMENT HAS REEN OUT V
TOTAL	\$230,000.00	198 If	100 , attacks an explanation	
t. Program Income		7	ATION DELINQUENT ON ANY FEDERAL DEBT? "Yes", atlach an explanation	X No
n Other		47 16 WILL A RANGE	ITION DELIGIOUENT ON ANY CEREBAL BERTA	STATE CLEARING HOUSE
d. Local		0	R PROGRAM HAS NOT BEEN SELECTED BY ST	TATE OF REVIEW
			OGRAM IS NOT COVERED BY E.O. 12372	7 2005
c. State	\$57,500.00	Date:		
	A	_	Oct, 17, 2005	
b. Applicant		STATE	EXECUTIVE ORDER 12372 PROCESS FOR RE	PECEIVED OCT 1 7 2005
		≥ YES, THIS PR	ÉAPPLICATION/APPLICATION WAS MADE AVA	The state of the s
a. Federal	\$172,500.00	15. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	ORDER 12372 PROCESS?
15. ESTIMATED FUNDING:		3		38
10/ /05	12/31/2007	a. Applicant		b, Project
Start Date	Ending Data	14. CONGRESSIONAL DISTRIC	IS OP:	
13. PROPOSED PROJECT:]		
	_	•	Project Narrative attached.	. •
	Los Angeles	County	Belmont Memorial Veterans'	
	• • • • • • • • • • • • • • • • • • • •		Motorboat Access Enhance	ement Project for
12. / AREAS AFFECTED BY			11. DESCRIPTIVE TITLE OF APPLICANT'S PR	
	Sport Fish Rest	oration Act	U.S. Fish and Wildlife	
10, CATALOG OF FEDERAL	L DOMESTIC ASSISTANCE	HOMBEK!	U.S. Department of the	e Interior
E. Other (specify):	DOLINGUIA AGAIGMANA	AU NAOFD.	9. NAME OF FEDERAL AGENCY:	
C. Increese Duration	D. Decrease Duration		G. Special District	N. Other (Specify)
A. Increase Award	B. Decrease Award		F. Intermunicipal	M. Profit Organization
L			E. Interstate	L. Individual
If Revision, onter appropriate	letter(s) in box(es):		D. Township	J. Private University
X New	Continuation	Revision	C. Municipal	of Higher Learning
8. TYPE OF APPLICATION:			B, Caunty	I, State Controlled Instruction
	94-1697567		A. State	H. Independent School Dist
B. EMPLOYER IDENTIFICAT			7. TYPE OF APPLICANT; (enter appropriate let	
Sacramento, CA	95814		Carolyn Murata (9	
1812 Ninth Stree			application (give erea code);	40) 445 3550
Dept. of Fish & G	ame - Fisheries Pro	grams Branch	Name and telephone number of the person to be	contaced on matters Involving this
Address (give city, county, sta			Department of Fish and	****
Lagal Name;	STATE OF CALI	FORNIA	Organizational Unit:	
5. APPLICANT INFORMATIC				
Non-Construction	Non-Construction			F-118-B
Gorisa Botton			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Application X Construction	Construction			
1. TYPE OF CUBMISSION:	Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
	TAITOL		October 3, 2005	''
FEDERAL ASSIS		•	z. DATE SUBMITTED	Applicant Identifier
APPLICATION FO	^B		•	C400-84CD .dn Idvorqqa BMO
1				

8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es); (See back of form for description of letters.) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (cilips, countles, states, etc.); 13. PROPOSED PROJECT: Start Date: 12/31/2006 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 15. ESTIMATED FUNDING: PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE a. Federal \$2,355,849.75 a. Yes. TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON DATE: 0 CA. 17, 2005 C. State \$785,283,25 d. Local PROGRAM IS NOT COVERED BY E.O. 12372 b. No. **S**LEARING HOUSE OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR Other REVIEW Program Income 17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? TOTAL \$3,141,133.00 Yes. If "Yes" attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE a. Authorized Representative Prefix First Name Middle Name Renee Last Name

Suffix Renwick b. Title

Deputy Director, Administration d. Signature of Authorized Representative

Authorized for Local Repri

c. Telephone Number (give area code)

(916) 653-4633

e. Date Signed

10-13-05

a. Authorized Representative

Prefix First Name Renee Suffix

b. Title Renewick C. Telephone Number (give area code)

d. Signature of Authorized Representative e. Date Signed

___ 10 - 13 -05

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Standard Form 424 (REV, 5-2003) DFGs rov. 10/2005 Prescribed by OMB Circular A-102

(916) 653-4633

	APPLICAT				1		ì	Version 7/03 (DFGs = 10/20
	FEDERAL	ASS/STA	NÇE	2. DATE SUBMITTED			Applicant Identifier	49/9/11/1/19 (51-03-19/20
_				Octobe	r 🖏 2005	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	TYPE OF SUP	IISSIDN:		3. DATE RECEIVED BY			State Application Ide	ntifler
-	Application	J)	<u>Pre-application</u>					
1	Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGE	NÇY	Federal Identifier	
L	Non-Construct		Non-Construction				F-	-108-B Amendment #4
1	S. APPLICAN	T INFORM	TION					
L	ėgal Namo;				Organiza	tional L	Init:	
L	State o	f Califo	rnia		Departm		Fish and G	ame
C	Organizational Di	JNS:	808322358		Division			Programs Branch
1	ddress:				1		ne number of the nerson	to be contaced on matters involving this
L		Street:	1812 Ninth Street	et	application			TO BE SENTENCE ON MARKETS HIS DIVING BIRS
L					Prefix;		First Name:	Carolyn
L		City:	Sacramento		Middle N	ame:	- 11011001110	-
		County:	Sacramento		Last Nam			Murata
L		State:	CA	Zip Code: 95814	Suffix:			17101
L		Country:	US		E-mail:	Cmu	rata@dfq.ca.gov	
5.	EMPLOYER IDE	NTIFICATION	IUMBER (EIN):		Phone Nur		e area code)	FAX Number (glvé área code)
	94-1697	567					3) 445-3559	(916) 445-4044
8.	TYPE OF APPLIC	CATION;			7 7/85 6		<u> </u>	
	New		X Continuation	Revision	7. TIPEC		State	rm for Application Types)
11	Revision, enter app	propriete letter/:	term			Λ	olale	
	ee back of form for				044	: - .		
ľ		avaa phan an			Other (sp	ecity)		•
01	her (specify)				O NAME	<u> </u>	DEDAL ADDITION	
			•				DERAL AGENCY:	F ' 1 135 3 3 3 3
10	L CATALOG OF F	EDERAL DOM	STIC ASSISTANCE NUMBER		U.S.	Deba	rment of Interior	Fish and Wildlife Service
		COCIONE DOM	TO LIG YOURS I MACE MONIBER	15-605	11. DESC	RIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
7"	TLE (Name of Pro	2(3m):	Sport Fish Re		Amenar	nent#	4 to Motorboat A	ccess Enhancement Project for
-		·	CT (cities, counties, states, etc.		tne City	of Isle	eton Public Acces	ss. Requesting an extension due
		MD DY FROSE	Sacramento Co		to delay	s in co	onstruction. No c	changes to Total Grant Cost.
13	. PROPOSED PR	DIFAT	Odordinento ot	Julity	 			
	art Date:	77501.	Fall- Date		14. CON	SRESS	IONAL DISTRICTS	OF:
_	3/15/	2002	Ending Date:	40/04/05	a. Applican	t		b. Project
				12/31/2006			3	3
15	. ESTIMATE	D FUNDING	Heater H. P. Marrie Sand		16. IS APP	LICATIO	N SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER 12372
	1 : .		JLIVED-		PROCESS	T 1	THIS PREADEINGS	TION/APPLICATION WAS MADE AVAILABLE
<u>a.</u>	Federal		\$	\$494,534.25	a. Yes,	IXI	TO THE STATE EX	ECUTIVE ORDER 12372
b.	Applicant	l oc	§ 1 7 2005		7	~~	PROCESS FOR RE	
C.	State		s	2404.044.85	1		DATE: AL	, 17, 2005
_		CTATE	<u> </u>	\$164,844.75	4		UM,	, 1 1/ 2000
₫,	Local	SIAIE	LEARING HOUSE	- Constitution	b. No.		PROGRAM IS NOT	COVERED BY E.O. 12372
₽.	Other	. Под принадание поставления и и състо	\$]			S NOT BEEN SELECTED BY STATE FOR
,			y		ļ <u> </u>		REVIEW	
۲, برصنت	Program Inco	me	\$		17. IS THE A	PLICATI	ON DELINQUENT ON ANY	FEDERAL DERT?
1.	TOTAL		\$	\$659,379.00	1 Yes	f "Yoo" 4	allegalmen or demonstra	har
18.	TO THE BEST	OF MY KNO	WLEDGE AND BELIEF, A	II DATA INITING ASSESSED				
2U 8	LY AUTHORIZE	D BY THE G	OVERNING BODY OF TH	E APPLICANT AND THE AP	PLICANT W	LL COM	IPLY WITH THE ATTAC	ORRECT. THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE ASSISTANCE
								THE ASSISTANCE
576	Authorized Re							
			First Name	enee	Middle Nar	ne		
28	st Name				2.42			
_			Ra	enwick	Suffix			
٠.	Title				A Tolonka	da Nice		•
_	Signetus Co	AL	Deputy Director, A	dministration	·~ relepno	HUN	nber (give area code)	(916) 653-4633
•	Signature of A	vutnorized F	Representative		e. Date Sig	ned		(0.10) 003-4033
	1 loss	الماليك مد	San L.				A -	
	lous Edition Useo	776	10-		17).	-/)-	05	

e. Date Signed

Authorized for Local Res

10-13-05 Standard Form 424 (REV, 9-2003) DFGs rev. 10/2005 Prescribed by OMB Circular A-102

Renwick 7. Title c. Telephone Number (give area code) Deputy Director, Administration (916) 653-4633

e. Date Signed

10-13-05

1. Signature of Authorized Representative

uthorized for Local Reprodu

Standard Form 424 (REV. 9-2003) DFGs rov. 10/2005 Prescribed by OMB Circular A-102

uct 1/ 2005 4:	SILM COOFR			7 \ 31U-003-	7616 p.2		
APPLICATION FOR)	Version 9/		
FEDERAL ASSISTAL	NCE	2. DATE SUBMI	TTED	Applica	Applicant Identifier		
1. TYPE OF SUBMISSION:		09/29/2005 3. DATE RECEIV	(ED BY STATE	State A	maliana la maistra		
Application	Preapplication	3. DATE RECEIV	ED BY SIAIE	State A	application Identifier		
Construction	Construction	A DATE RECEN	ED BY FEDERAL AGE	NOV Sectoral	Identifier		
✓ Non-Construction	Non-Construction	T. LIPKING BOLL CARLED	ED OT FRIJENAL AUR	Mr. Lenevar	FORTHER PROPERTY OF THE PROPER		
5. APPLICANT INFORMATION			Organizational U	nit:	St. Consecution Statement of Statement Stateme		
* Legal Name: California Stat	te University, East Bay Foun	dation, Inc.	Department:		OCT 1. 7 2005		
* Organizational DUNS:	194044335		Division:				
Address:			Name and telephon	e number of pers	STATE CLEARING HOW		
* Street1: 25976 Carlos Bee Bo	oulevard		this application (giv	e area code)	Commission of the Commission o		
Street2:			Prefix: Dr.	* First Name:	: James		
* City: Hayward	County Alamed	a	Middle Name: J.				
* State: CA Zip C	Code: 94542 * Cau	untry USA	* Last Name: Kell				
6. * EMPLOYER IDENTIFICATIO		dimy out	Suffix:	[_	mes.kelly@csueastbay.edu		
94-1524922	(21/4).	•	* Phone Number (gi	ve area code)	Fax Number (give area code)		
8. TYPE OF APPLICATION:			7. * TYPE OF APPL	ICANIT:	510-885-2295		
✓ New ☐ Continuati	on Revision		Other (specify)	JCANI:	Other (Specify)		
If Revision, enter appropriate letter	(s) in box(es)		501(c)3 auxiliary org	janization for IHE			
A. Increase Award B. Decrease Awar	C. Increase Duration		9. * NAME OF FEDI	ERAL AGENCY:			
D. Decrease Duration Other (specify):			Small Business Adn	ninistration			
IO. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	59.037	11. * DESCRIPTIVE	TITLE OF APP	PLICANT'S PROJECT:		
TITLE: Small Business Developme	nt Center		SBDC Lead Center				
12. * AREAS AFFECTED BY PRO	DJECT (Cities, Counties, States, e	etc.):	<u></u>				
Northern California			·				
13. * PROPOSED PROJECT:			14. * CONGRESSIO	NAL DISTRICTS	S OF:		
* Start Date 01/01/2006	* Ending Date		* a. Applicant		* b. Project		
5. * ESTIMATED FUNDING:	12/31/2006		13		All Northern CA districts		
a. Federal	0.400.00	(00)	16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE		
b. Applicant	\$ 2,109,021		a. YES. THIS PREAF	PELICATION/APPL	LICATION WAS MADE AVAILABLE TO		
c. State	\$ 875,772		_		72 PROCESS FOR REVIEW ON:		
d. Local	\$ B43,300		✓ YES b. PROGRA		28/2005 		
e. Other		0.00			RED BY E.O. 12372		
1. Program Income	\$ 1,585,905		<u> </u>		BEEN SELECTED BY STATE FOR REVIEW		
. TOTAL	\$ 134,946		_		NT ON ANY FEDERAL DEBT?		
	\$ 5,548.944			s," attach an expl			
OVERNING BODY OF THE APPLICANT	AND THE APPLICANT WILL COMP	LY WITH THE ATTACHE	CATION ARE TRUE AND CO D ASSURANCES IF THE ASS	RRECT. THE DOCU! SISTANCE IS AWAR!	MENT HAS BEEN DULY AUTHORIZED BY THE IDED.		
a. Authorized Prefix: Dr. Representative		mes	Mic	idie Name J.			
* Last Name:	Kelly				Suffix:		
b. Title: Interim Provost and V.F		* c. Tele	aphone Number (give ar	rea code): 510-6	885-3711		
* Email: liames.kellv@csueastba	v.edu	Fax Nur	mber (give area code):	510-	885,2205		

d. Signature of Authorized Representative:

e. Date Signed: Comblete 201 300 155 con to Grants.gov

PART I - FACE SHEET

ADDI ICATION FO	D PEDEDAL	ACCICTAN	CE	1. TYPE OF SUBMISS	GION:
APPLICATION FO	K FEDERAL	ASSIS I AN	CE	Nan-Construction	
2a. DATE SUBMITTED TO CORPORAT FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	ON 3. DATE RECE	EIVED BY STATE:		STATE APPLICATION	IDENTIFIER:
10/18/05 2b. APPLICATION ID:	4. DATE RECE	EIVED:		GRANT NUMBER:	
D6SR056581	10/18/05			D45RPCA006	
5. APPLICATION INFORMATION			ALL COLORS OF THE TYPE		100
LEGAL NAME: Sheete County Community	A stion A sensy		NAME AND CO	NTACT INFORMATION	FOR PROJECT DIRECTOR OR OTHER
	A Manual refreien.	ot we trade and another the way from the state of the sta	PERSON TO BE	CONTACTED ON MAT	TERS INVOLVING THIS APPLICATION (give
		TIM/ET	NAME: Jessies A	. Cunningham	
ADDRESS (give street address, city, s	lete and Zp code)	James IV home had	ELEPHONE N	JMBER: (530) 225-5804	
L 670 Market St., Suite 300 Redding CA 96001 - 1046	ОСТ	1 8 2005	FAX NUMBER:	(520) 225-5178 AIL ADDRESS: jeunning	tham@ed.shada.cl.us
G. EMPLOYER IDENTIFICATION NUM	BER (EIN STATE CI	LEARING HOUSI	7 TYPE OF APP		
946000535	WANTED STREET OF THE PROPERTY		- /EI C(ILIII (XIVEII		A spine Henry
8. TYPE OF APPLICATION:			/b. Community /	cetion Agency/Community	Action Program
	CONTINUATION				
If Revision, onler appropriate letter(s)	In box(ea):				
A. Increase Award B. Decreas	e Award C. Incres	se Duration			
D. Decresse Duration					
			1	DERAL AGENCY:	nal and Community Service
10a, CATALOG OF FEDERAL DOMES 10b. TITLE: Retired and Senior Volunt		BER: 94.002	1	VÊ TITLE OF APPLICAN	ITS PROJECT:
12. AREAS AFFECTED BY PROJECT	(List Cities, Countles, Str	eles, etc):			
Callfornia Counties of Teliama. Shasta					
13. PROPOSED PROJECT: START DA	ATE: 01/01/04 END	DATE: 12/31/06	14, PERFORMA	NCE PERIOD: START	DATE: END DATE:
15. ESTIMATED FUNDING:		- In a	-!		VIEW BY STATE EXECUTIVE
B. FEDERAL	\$ 133,618.0	0	ORDER 12372 F		
b. APPLICANT	\$ 57,265.0	0	YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	3 3,000.0	0		≣W ON; : 21-OCT-05	
d. LOGAL	\$ 34,296.0	****	DATE	. 21-001-03	
6. OTHER	\$ 19,969.0	0			uni
f. PROGRAM INCOME	\$ 0.0	0	17. IS THE APP	LICANT DELINQUENT	ON ANY FEDERAL DEST?
g. TOTAL	\$ 190,883.0	0	i D Y	ES if "Yes," attach a	n explanation. X NO
18. TO THE BEST OF MY KNOWLEDO DULY AUTHORIZED BY THE GOVER IS AWARDED.	SE AND BELIEF, ALL DA	TA IN THIS APPLICAT	I ION/PREAPPLICA PPLICANT WILL C	NÎON ARE TRUE AND COMPLY WITH THE AT	CORRECT, THE DOCUMENT HAS BEEN TACHED ASSURANCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED R	EPRESENTATIVE:	b. TITLE:		Seller's new -	c. TELEPHONE NUMBER:
Lumy Lees	* di bionissi	Housing/Communi	ty Action Progs. Di	rector	5302255162
Harn Has					d. DATE: 10/18/05
1 101					1 to 3 f 1 g d 1 g

					Version 7/03	
APPLICATION FOR FEDERAL ASSISTANCE	CE	2. DATE SUBMITTED		Applicant Ider		
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	State Application Identifier			
Application Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identi	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	1				
Legal Name:	<u> </u>		Organizational Unit:			
California Urban Water Conse	ervation Council		Department:			
Organizational DUNS: 944524552	The state of the s	The second secon	Division:			
Address:	and land	of Lorent A Lorent Lorent			erson to be contacted on matters	
Street:	I I Sance San	V lase last	involving this applic	First Name:	ea code)	
455 Capitol Mall, Suite 703	OCT	2 0 2005		Katie	And the second s	
City: Sacramento		2 6 5000	Middle Name			
County: Sacramento	STATE GL	EARING HOUSE	Last Name Shulte Joung			
State: CA	Zip Code 95814	2004 ments on the contract water the contract was the contract with a straightful contract water.	Suffix:			
Country: USA			Email: katie@cuwcc.org			
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)	
68-031806	9		(916) 552-5885 ext. 1	5	(916) 552-5877	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
V N		ion Revision	O - Not for Profit Orga	anization		
If Revision, enter appropriate I (See back of form for descripti	letter(s) in box(es) ion of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER Environmental Protect			
10. CATALOG OF FEDERA	I DOMESTIC ASSISTAL	NCE NUMBER:	11. DESCRIPTIVE T		CANT'S PROJECT:	
IV. CATALOG OF FLDERA	E DOMESTIS ASSISTA	66463			astewater Avoided Costs	
TITLE (Name of Program): Water Quality Cooperative A	greement					
12. AREAS AFFECTED BY		ies, States, etc.):				
All U.S.						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS		
Start Date: 11/1/05	Ending Date: 10/31/06		a. Applicant 5th		b. Project All U.S.	
15. ESTIMATED FUNDING:	<u></u>	<u> </u>	ORDER 12372 PROC	ESS?	REVIEW BY STATE EXECUTIVE	
a. Federal	\$	145,000	, THIS PR	EAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant	\$	30,261		SS FOR REVIE		
c. State	\$	0 .	DATE:			
d. Local	\$	10,080	D. NO.		VERED BY E. O. 12372	
e. Other	\$	0 .	FOR RE	VIEW	OT BEEN SELECTED BY STATE	
f. Program Income	\$	0 .	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	185,341	Yes If "Yes" attac			
18. TO THE BEST OF MY K	NOWLEDGE AND BELI	EF, ALL DATA IN THIS AF	PPLICATION/PREAPPL	THE APPLICA	TRUE AND CORRECT. THE	

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Repre	sentative	
Prefix	First Name Mary Ann	Middle Name
Last Name Dickinson		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (916) 552-5885
d. Signature of Autho	orized Representative	e. Date Signed 10/19/05
Previous Edition Usa		Standard Form 424 (Rev.9-2003)

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANC	E	2. DA	E SUBMITTED		Applicant Ide	Version: 7 ntlfler
1. TYPE OF SUBMISSION:		3 04	E RECEIVED BY	10/20/2005		
Application	Pre-application				State Applica	tion Identifier
Construction	Construction	4. DA	E RECEIVED BY	FEDERAL AGENCY	Federal Ident	lfier
Non-Construction	Non-Construction	<u> </u>	~			
5. APPLICANT INFORMATIO Legal Name:	<u>N</u>			Organizational Uni	^~~	~~~
COUNTY OF SAN DIEGO				Department:		
Organizational DUNS:				Distant	PUBLIC WORK	<u>(S</u>
00-9581	646	yerner skiert sylvekstærste østeret	PAGE AND ADDRESS OF THE PAGE A	Division: AIRPORT	-	
Address:	The same of the sa	1 / 1		Name and telephor		erson to be contacted on matter
	and train	A Street	1	involving this appli Prefix:	First Name:	aa code)
1960 JOE CROSSON DR. City:	TO OCT O	m 200	5	Middle Name	P	ETER
EL CAJON	J ULI 2	6 200		Middle Name	_	
County: SAN DIEGO		DING H	OUSE	Last Name DRINKW	ATER	
State: CA	ZIP COOPER CLEA	HIMOL	-	Suffix;		****
Country:	92020			Empile		
USA				Email: PETER,D	RINKWATER@	sdcounty.ca.gov
E. EMPLOYER IDENTIFICATION				Phone Number (give		Fax Number (give area code)
95-6000934				(619) 956-483		(619) 956-4801
. TYPE OF APPLICATION:				7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
Revision, enter appropriate let		on [Revision	В		
See back of form for description	of letters.)	_	7	Other (specify)		
		L				
Other (specify)				9. NAME OF FEDER		TION
0. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUM	BER:	11. DESCRIPTIVE T		
		[ত্র]	0-106			T AIR TRAFFIC CONTROL
FITLE (Name of Program):		_		TOWER / TRANSIE		
AIR! 2. AREAS AFFECTED BY PF	ORT IMPROVEMENT	PROGRA	M (AIP)	-		
FALLBROOK, SAN DIEGO, CA	•	ss, Gibibs	=(0.).			
3. PROPOSED PROJECT				14. CONGRESSION	AL DISTRICTS	ΔΕ:
Start Date:	Ending Date:			a. Applicant	AL DISTRICTS	b. Project
TBD 5. ESTIMATED FUNDING:	TBD			52		52
				ABBED INGER DOOR		REVIEW BY STATE EXECUTIVE
. Federal \$		47	,000 '	A VOL IZE THIS PR	EAPPLICATION	I/APPLICATION WAS MADE
. Applicant \$		47.	ay		ILE TO THE STA SS FOR REVIEV	THE EXECUTIVE ON DELY 12012
. State 5	<u> </u>	1	250			•
. State 5		23	750	DATE; 1	0/20/05 (Faxed → ~~~	اه (16) 323,3018) خاديد
. Local \$	***			b. No. ID PROGRA		ERED BY E. O. 12372
. Other \$	~~·		00 ~**		GRAM HAS NO	T BEEN SELECTED BY STATE
Program Income 5				FOR REV	/IEW	
			."	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
. TOTAL \$		En/	,000 ·	Yes if "Yes" attack	an evolunation	. Ø No
6. TO THE BEST OF MY KNO	WLEDGE AND BELIE	F. ALL DA	TA IN THIS APP	ICATION/PREADDLE	CATION ARE T	BUE AND CORDECT THE
OCCUMENT UNO DEEM DOLL	AUTHORIZED BY THE	GOVER	LING BODY OF T	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
Authorized Representative	ITE ASSISTANCE IS A	WARDE	<u>. </u>			
reflx	First Name PETER			Middle		
est Name	LIER			Suffix	<u>L.</u>	
DRINKWATER Title	····					
DIRECTOR OF COUNTY AIRE	QRTS			c. Tele (619)	phone Number (956-4839	give area code)
Signature of Authorized Dates	Mantalive /				Signed	~~~ <u>~</u>
Signature of Authorized Repre	les tofices	em)	, •	e. Date	10/20/05	

APPLICATION FOR

OMB Approval No 0348-0043

FEDERAL ASSISTANC	E				CIMB Approval No. 03464004
1. TYPE OF SUBMISS		2. DATE OF SUBMI 6/22/05	IISSION		Applicant Identifier 7CA54447
Application Construction	Preapplication Construction	3. DATE RECEIVED	D BY STATE		State Application Identifier - 7CA54447
■ Non-Construction	■ Non-Construction	4. DATE RECEIVED	D BY FEDER	AL AGENCY	Federal Identifier
5. APPLICANT INFORT	MATION				
Legal Name:				Organizational Unit:	
CALIFORNIA DEPART		IND FIRE PROTECTIO	N N	Fire Protection Name and telephone num	ber of person to be contacted on matters
1416 Ninth Street PO Box 944246 Sacramento, Sacramei California 94244-2460				involving this application (Sawssan Abdelhak (916) 653-6179	give area code) Kevin Lockwood (916) 653-5371
6. Employee Identificati	on Number (EIN);			7. TYPE OF APPLICANT	: (enter appropriate letter) A
		0306069			
8. Type of Application: New Continuity Revision, enter appropriate A. Increased Award D. Decreased Duration	orlate letter(s) in box(s): B. Decreased Award			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Districts L. State Controlled Institute of Higher Learning J. Private University K. Indian Tribes L. Individual M. Profit Organization N, Other (Specify):
		\$2000000000000000000000000000000000000	TO THE TRUE ASSESSMENT AND ASSESSMENT TRANSPORT	9. NAME OF FEDERAL A	RGENCY: CE, DEPARTMENT OF AGRICULTURE
		RECEIV			, , , , , , , , , , , , , , , , , , , ,
10. CATALOG OF FED ASSISTANCE NUM Cooperative Fire Prote	1BER:	OCT 2 0 2			rant for rural fire prevention and control as etance.
40 40540 AFFECTES	DV DDO IECT (-iti	The state of the s	and the second section of the		
12. AREAS AFFECTED Statewide	DET PROJECT (cities, c	ounties, states, etc.):			
13. PROPOSED PROJ	FCT:	14. CONGRESSIO	NAL DISTRI	CT OF	
	Ending Date	a. Applicant	71476 2101111	b. Project	
01-07-2005	12-31-2006	3		Statewide	
15. ESTIMATED FUND	DING	16. IS APPLI PROCESSIN		BJECT TO REVIEW BY ST	ATE EXECUTIVE ORDER 1372
a. Federal	\$2,069,000			CATION/APPLICATION W	AS MADE AVAILABLE TO THE STATE
b. Applicant	\$1,100,000	EXECUTIVE	ORDER 123	73 PROCESS FOR REVIE	W ON:
c. State	<2,069,000>	DATE: 06-2			
d. Local	\$969,000). 12372
a. Other	\$				CTED BY STATE FOR REVIEW
f. Program Income	\$ -0-			DELINQUENT ON ANY FE	
					*
g. TOTAL	\$ 4,088,000			attach an explanation	NO NO
AUTHORIZED BY THE GO	VERNING BODY OF THE	APPLICANT AND THE API	PLICANT WILL	COMPLY WITH ATTACHED	AND CORRECT, THE DOCUMENT HAS BEEN DUL ASSURANCES IF THE ASSISTANCE IS AWARDE
a. Typed Name of Auth James M. Wrig	orized Representative		b. Title: DEPUT	Y DIRECTOR FOR	c. Telephone Number (916) 653-9424
d. Signature of Authoriz	Λ	.)	- 1-1-1		e. Date Signed
Previous Editions No. M		eight			6/23/05 Streederd Form 474 (PEV/4 9)

DRAFT

PART I - FACE SHEET

APPLICATION FOR F	FDFRAL	ASSISTAN	NCE 1. TYPE OF SUBMISSION:			
AI EIGANGII GILL				Non-Construction		
DATE SUBMITTED TO CORPORATION 3. DATE RECEIVED BY STATE: DR NATIONAL AND COMMUNITY ERVICE (CNCS):				STATE APPLICATION IDENTIFIER:		
b. APPLICATION ID:	4. DATE RECE	EIVED:		GRANT NUMBER:		
06SR057128				04SRP CA005		
APPLICATION INFORMATION	• • • • • • • • • • • • • • • • • • • •					
EGAL NAME: City of Burbank Parks And Rec DUNS NUMBER: 020318536 ADDRESS (give street address, city, state a 130) E Olive Ave Burbank CA 91510			PERSON TO B area codes): NAME: Dec Ca TELEPHONE N	DITACT INFORMATION FOR PROJECT DIRECTOR OR OTHER E CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give II		
Bullatin Co. 71313			INTERNET E-M	AAIL ADDRESS: dcall@ci.burbank.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER 956000683	(EIN):			mment - Municipal		
8. TYPE OF APPLICATION: NEW X CONT REVISION Revision, enter appropriate letter(s) in box A. Increase Award B. Decrease Award		se Duration		RECEIVED OCT 2 1 2005 STATE CLEARING HOUSE		
D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC A 10b. TITLE: Retired and Senior Volunteer P		BER: 94.002	1	TVE TITLE OF APPLICANTS PROJECT: tbank RSVP		
12. AREAS AFFECTED BY PROJECT (List Burbank, Glendale and North Hollywood, California	Cities, Counties, Sta	ates, etc):				
13. PROPOSED PROJECT: START DATE:	01/01/04 END	D DATE: 12/31/06	14. PERFORM	NANCE PERIOD: START DATE: END DATE:		
15. ESTIMATED FUNDING:				ATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 52,428.0	00	ORDER 12372 PROCESS? N YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE			
b. APPLICANT	\$ 67.532.0	00	‴ то∶	THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 0.0	00	REVIEW ON: DATE: 21-OCT-05			
d. LOCAL	\$ 67,532.0	00				
e. OTHER	0.0	00				
f. PROGRAM INCOME	\$ 0.0	00	17. IS THE AP	PLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 119,960.0	00	1	YES if "Yes," attach an explanation. X NO		
18. TO THE BEST OF MY KNOWLEDGE AT DULY AUTHORIZED BY THE GOVERNING IS AWARDED.	ND BELIEF, ALL DA B BODY OF THE AL	ATA IN THIS APPLICA PPLICANT AND THE	ATION/PREAPPLIO APPLICANT WILL	CATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
a. TYPED NAME OF AUTHORIZED REPRI	SENTATIVE:	b. TITLE:		c. TELEPHONE NUMBER:		
Dee Call		RSVP Director		818 238 5370		
				d. DATE:		

PART I - FACE SHEET

to Mary 1 and 1 an			ANAMA ANNI JOAN CALLO CA	
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/22/05	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIES	
2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:	
06SF056852	10/22/05			
S. APPLICATION INFORMATION				water A property and the second
LEGAL NAME: Assistance League of Southorn	Callinnia	NAME AND CO PERSON TO BE area codes): NAME: RettyeJ	NTACT INFORMATION FOR PROJE E CONTACTED ON MATTERS INVOI	ICT DIRECTOR OR OTHER LVING THIS APPLICATION (give
ADDRESS (give atreet eddress, city, state or R1.14 Van Nuys Bivd. #200 Pengram City CA 91402 - 481 N	nd zip codn):	TELEPHONE NI FAX NUMBER:	UMBER: 323-460-2935	
6. EMPLOYER IDENTIFICATION NUMBER (E/N):	7. TYPE OF APT	PLICANT:	
951641960		7a. Non-Profit		
		7b. Volunteer Ma	magement Organization	gride relevant of the response of the second
8. TYPE OF APPLICATION: X NEW CONTI	NUATION			RECEIVED
REVISION If Roy laton, enter appropriate letter(a) in box(ns):			OCT 2 4 2005
A. Increase Award B. Decrease Awar	d C. Incresse Duration			STATE CLEARING HOUS
D. Decrease Duration				GALE PRESENTATION CASES ENGINEERING MET MONTH SHOWN SHOULD REPORT TO THE STATE OF THE SHOWN SHOW
			ederal agency: Ition for National and (Community Service
	in the second se			
10a, CATALOG OF FEDERAL DOMESTIC AS 10b. TITLE: Foster Grandparent Program	SSISTANCE NUMBER: 94,011		VE TITLE OF APPLICANT'S PROJEC व्यवस्थार Program	7.T:
12. AREAS AFFECTED BY PROJECT (List of	Otles, Countles, States, etc):			
Los Angeles City and County, California. Cit area, Lincoln Heights, City of Commerce, El M				
13. PROPOSED PROJECT, START DATE: 0	1/01/06 END DATE: 12/31/08	14. PERFORMA	NCE PERIOD: START DATE:	END DATE:
16. ESTIMATED FUNDING:			TION SUBJECT TO REVIEW BY ST	TE EXECUTIVE
a. FEDERAL	\$ 384,286,00	ORDER 12372 F		
b. APPLICANT	\$ 54,461,00		PREAPPLICATION/APPLICATION V IE STATE EXECUTIVE ORDER 1237	
c. STATE	S 0.00	REVI	EW ON: : 22-0CT-05	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d. LOCAL	.00,000,1 8			
e. OTHER	\$ 53,461.00			
		17. IS THE APP	LICANT DELINQUENT ON ANY FEE	·—·
(, PROGRAM INCOME	00,0 2	• • • • • • • • • • • • • • • • • • • •	ES If "Yes," attach an explanation.	(X) NO
	\$ 0,00 \$ 438,747.00			
(, PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING	\$ 438,747.00 D BELIEF, ALL DATA IN THIS APPLICA	ATION/PREAPPLICA		
(, PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING IS AWARDED.	\$ 438,747.00 D BELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE	ATION/PREAPPLICA	COMPLY WITH THE ATTACHED ASS	
(, PROGRAM INCOME	\$ 438,747.00 D BELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE	ATION/PREAPPLICA APPLICANT WILL C	COMPLY WITH THE ATTACHED ASS	NURANCES IF THE ASSISTANCE

Pre-application Construction Non-Construction Zip CodesTATE CLE 92020 I NUMBER (EIN): Continuation (s) In box(es) of letters.)	4 2005 ARING HOUSE	Organizational Unit Department: Division: AIRPORT Name and telephor Involving this appli Prefix: Middle Name Last Name BARNES Suffix: Email: Lourdes,E Phone Number (give (619) 956-463:	Federal Ident PUBLIC WORK See number of pecation (give are cation (see all cation)) Barnes@sdcoun Barnes@sdcoun Barnes@sdcoun	KS Breon to be contacted on matters ea code) OU
Zip CodeSTATE CLE 92020 NUMBER (EIN):	4 2005 ARING HOUSE	Organizational United Department: Division: AIRPORT Name and telephore Involving this appliation: Middle Name Last Name BARNES Suffix: Email: Lourdes, Email: Courdes, Email: (619) 956-463: 7, TYPE OF APPLIC	Federal Ident PUBLIC WORK See number of pecation (give are cation (see all cation)) Barnes@sdcoun Barnes@sdcoun Barnes@sdcoun	ty.ca.gov Fax Number (give area code) (619) 956-4801
Non-Construction 6 Zip Code TATE CLE 92020 NUMBER (EIN):	4 2005 ARING HOUSE	Organizational United Department: Division: AIRPORT Name and telephore Involving this appliation: Middle Name Last Name BARNES Suffix: Email: Lourdes, Email: Courdes, Email: (619) 956-463: 7, TYPE OF APPLIC	PUBLIC WORK Se number of pecation (give are First Name: Lo	ty.ca.gov Fax Number (give area code) (619) 956-4801
Zip Code TATE CIF. 92020 NUMBER (EIN);	~	Department: Division; AIRPORT Name and telephon Involving this appli Prefix; Middle Name Last Name BARNES Suffix; Email; Lourdes,E Phone Number (give (619) 956-463:	PUBLIC WORK See number of pecation (give are First Name: Lo	ks areon to be contacted on matters as code) OU Ity.ca.gov Fax Number (give area code) (619) 956-4801
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Zip CodeSTATE CLE. 92020 I NUMBER (EIN):	~	Division; AIRPORT Name and telephor Involving this appli Prefix; Middle Name Last Name BARNES Suffix; Email; Lourdes,E Phone Number (give (619) 956-463;	e number of pecation (give are First Name: Lo Barnes@sdcoun	ty.ca.gov Fax Number (give area code) (619) 956-4801
Zip CodeSTATE CLE. 92020 I NUMBER (EIN):	~	AIRPORT Name and telephon Involving this appli Prefix: Middle Name Last Name BARNES Suffix: Email: Lourdes.E Phone Number (give (819) 956-483: 7. TYPE OF APPLIC	e number of pecation (give are First Name: Lo Barnes@sdcoun	ty.ca.gov Fax Number (give area code) (619) 956-4801
Zip CodeSTATE CLE. 92020 I NUMBER (EIN):	~	Name and telephon Involving this applit Prefix; Middle Name Last Name BARNES Suffix; Email; Lourdes,E Phone Number (give (619) 956-463; 7. TYPE OF APPLIC	e number of pecation (give are First Name: Lo	ty.ca.gov Fax Number (give area code) (619) 956-4801
NUMBER (EIN); Continuation	~	Involving this appli Prefix: Middle Name Last Name BARNES Suffix: Email: Lourdes.E Phone Number (give (619) 956-463: 7. TYPE OF APPLIC	cation (give are First Name: Lo Barnes@sdcoun area code)	ty.ca.gov Fax Number (give area code) (619) 956-4801
NUMBER (EIN); Continuation	~	Middle Name Last Name BARNES Suffix: Email: Lourdes,E Phone Number (give (619) 956-483:	Barnes@sdcoun	ty.ca.gov Fax Number (give area code) (619) 956-4801
NUMBER (EIN); Continuation	~	Last Name BARNES Suffix; Email: Lourdes,E Phone Number (give (819) 956-483: 7, TYPE OF APPLIC	Barnes@sdcoun area code)	Fax Number (give area code) (619) 956-4801
NUMBER (EIN); Continuation	~	BARNES Suffix: Email: Lourdes.E Phone Number (give (619) 956-463: 7. TYPE OF APPLIC	Barnes@sdcoun area code)	Fax Number (give area code) (619) 956-4801
NUMBER (EIN); Continuation	~	Suffix: Email: Lourdes.E Phone Number (give (619) 956-463: 7. TYPE OF APPLIC	Barnes@sdcoun area code)	Fax Number (give area code) (619) 956-4801
NUMBER (EIN); Continuation	C. Ravision	Phone Number (give (619) 956-463	area code)	Fax Number (give area code) (619) 956-4801
Continuation	∏ Revielan	Phone Number (give (619) 956-4633	area code)	Fax Number (give area code) (619) 956-4801
Continuation	C Revielon	(619) 956-463: 7. TYPE OF APPLIC	6	(619) 956-4801
r(s) in hov(es)	Revision	7. TYPE OF APPLIC		1 ` •
r(s) in hov(es)	Revielon		WMI: (266 DSC	K Of form for Abblication Types
r(s) in hov(es)	(V.,)	1 5		at a law to Application Types,
		B Other (specify)		
	Ш	9. NAME OF FEDER	AL AGENCY:	TION
MESTIC ASSISTANCE	NU VIBER:			
MENT PROGRAM (AIP)	[:]0-106	McCLELLAN-PALON	AR AIRPORT	- REHABILITATE TERMINAL
JECT (Cities, Countles,	State s, etc.):			
				•
Ending Date:			L DISTRICTS	T 7///
TeD Date.		52		b. Project 51
***************************************	,	16. IS APPLICATION	SUBJECT TO	
	1 1 1 0 000	THIS PRI	EAPPLICATION	I/APPLICATION WAS MADE
-	- 00	U. 163. IE. AVAILAB	LE TO THE STA	ATE EXECUTIVE ORDER 12372
			•	A OIA
		DATE: 1	0/24/05	
	, du	b. No. PROGRA	M IS NOT COV	ERED BY E. O. 12372
		OR PROC	RAM HAS NOT	T BEEN SELECTED BY STATE
	00	17. IS THE APPLICA	NT DELINQUEN	NT ON ANY FEDERAL DEBT?
	1,2)0,000	☐ Yes If "Yes" attach	ал explanation.	. 12 No
	ALL HATA IN THIS AF	PRICATIONIDDEADOLT	SATION ARE T	BUE AND CORPEGE
PETER		Middle	Name L.	
		Suffix		
Ryrs X	<u></u>	c. Teler	hone Number (give area code)
niative /			Slaned	
2 January	zu · L		10/20/05	Standard Form 424 (Rev.9-2003)
	MENT PROGRAM (AIP) JECT (Cities, Countles, Ending Date: TBD LEDGE AND BELIEF, AITHORIZED BY THE GE ASSISTANCE IS AWARD TELL Name PETER	MENT PROGRAM (AIP) JECT (Cities, Countles, State s, etc.): Ending Date: TBD 1,1 40,000 i0,000 i0,000 1,2)0,000 LEDGE AND BELIEF, ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD ITS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TS ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASSISTANCE IS AWARD TO ALL I ATA IN THIS AIDTHORIZED BY THE GOVE RNING BODY OF EASTING BY THE GOVE RNING BY THE G	FEDERAL AVIATION MENT PROGRAM (AIP) JECT (Cities, Countles, State s, etc.): Lending Date: TeD 1.1 40,000 1.1 40,000 1.1 40,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.1 140,000 1.2 140,000 1.3 THIS PRICATION AVAILAB PROCES DATE: 10 1.4 CONGRESSIONA a. Applicant 52 16. IS APPLICATION ORDER 12372 PROCE AVAILAB PROCES DATE: 10 1.2 10,000 1.3 THE APPLICATION OR PROCES TO PROGRA 1.2 10,000 1.3 THE APPLICATION/PREAPPLICATIO	MCCLELLAN-PALOMAR AIRPORT ACCESS ROAD AND TERMINAL AIR ACCESS ROAD AND TER

6199564801

~~~	E .	2. DATE SUBMITTE	D 10/20/2005	Applicant Id	entifler Version
1. TYPE OF SUBMISSION: Application		3. I ATE RECEIVED	BY STATE	State Applic	ation Identifier
Construction	Pre-application	1			
Non-Construction	Construction		BY FEDERAL AGENCY	Federal Ider	tifier
<u>5. APPLICA</u> NT INFORMATION	Non-Construction		~~		
Legal Name:			Organizational Unit:	~~~	
COUNTY OF SAN DIEGO		and anticipe STM 1	Department:	· · · · · · · · · · · · · · · · · · ·	
Organizational DUNS: 00-95816	generalisation required majority and the second sec	The second secon	Division:	PUBLIC WOR	KS
Address:	100 Par ()		AIRPORTS		
Street:	3 3 3	0005	Involving this applic	number of p ation (give ar	erson to be contacted on matte
1960 JOE CROSSON DR.	OCT	2 4 2005	Prefix:	First Name:	OU
City:			Middle Name		<u> </u>
County:	STATECL	EARING HOUSE	Last Name	~	
SAN DIEGO	Zip Code		BARNES		
CA	92020		Suffix:		V
Country: USA		-	Email:	mas@sdcour	th on gov
. EMPLOYER IDENTIFICATIO	N NUMBER (E/N):	<del></del>	Phone Number (give ar	es code)	Fax Number (give area code)
95-6000934	]		(619) 956-4835	,	(619) 956-4801
TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)
Revision, enter appropriate lette	Continuatio	noiaíveЯ 🗔 n	в	•	To rependation Types,
see back of form for description	of letters.)	,	Other (specify)	•	
Other (specify)		Ш			
			9. NAME OF FEDERA FEDERAL AVIATION	L AGENCY:	FION
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NU VIBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT
		[::0-106	McCLELLAN-PALOMA	AR AIRPORT	- REHABII ITATE TERMINAL
ITLE (Name of Program): AIRPORTS IMPROVE	EMENT PROGRAM (AIR		ACCESS ROAD AND	TERMINAL A	REA PLAN.
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	Status etc.):			
ARLSBAD, CA	, , , , , , , , , , , , , , , , , , , ,	, ===: =, \$10.71			
. PROPOSED PROJECT			14. CONGRESSIONAL	DISTRICTO	D. F.
tert Date: BD	Ending Date:		a. Applicant	. DISTRICTS	b. Project
S. ESTIMATED FUNDING:	TBD		52		51
			IUNDER 12372 PROCES	357	REVIEW BY STATE EXECUTIVE
Federal		1,140,000	THIS PREA	PPLICATION	APPLICATION WAS MADE
		- 01	AVAILABLE	I TO THE STA	NE EXECUTIVE ORDER 12272
Applicant 5			PROCESS	FOR REVIEW	/ON
Applicant \$ State \$		10,000	PROCESS	FOR REVIEW	ON
State \$		10,000	DATE: 10/2	FOR REVIEW 24/05	/ON
State \$		10,000 · · · · · · · · · · · · · · · · ·	DATE: 10/2	FOR REVIEW 24/05	/ ON ERED BY E. O. 12372
State \$ Local \$ Other \$		10,000	DATE: 10/2 b. No.   PROGRAM OR PROGR	POR REVIEW 24/05 IS NOT COVI RAM HAS NOT	/ON
State \$		10,000 · · · · · · · · · · · · · · · · ·	b. No. DATE: 10/2  b. No. DR PROGRAM  OR PROGR	POR REVIEW 24/05 IS NOT COVE RAM HAS NOT	FRED BY E. O. 12372 BEEN SELECTED BY STATE
State \$ Local \$ Other \$		10,000 us	b. No. PROGRAM OR PROGRAM FOR REVIE	POR REVIEW 24/05 IS NOT COV RAM HAS NOT W DELINQUEN	FRED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT?
State \$ Local \$ Other \$ TOTAL \$ TO THE BEST OF MY KNOW	WEDGE AND EGLICE	1.2 )0,000	b. No.   PROGRAM OR PROGRAM OR PROGREYIE 17. IS THE APPLICANT  Yes If "Yes" attach a	POR REVIEW 24/05 IS NOT COVI RAM HAS NOT W T DELINQUEN n explanation.	FRED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? No
State \$ Local \$ Other \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	/LEDGE AND BELIEF, UTHORIZED BY THE G	1.2 )0,000 TO THIS AP	b. No.   PROGRAM OR PROGRAM OR PROGREYIE 17. IS THE APPLICANT  Yes If "Yes" attach a	POR REVIEW 24/05 IS NOT COVI RAM HAS NOT W T DELINQUEN n explanation.	FRED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? No
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State \$ Local \$ Other \$ Program Income \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF THAUTHORIZED REPRESENTATIVE ST Name DRINKWATER  Ille RECTOR OF COUNTY AIRPORES	IE ASSISTANCE IS AM  Irst Name PETER	1.2 )0,000 TO THIS AP	DATE: 10/2 b. No. PROGRAM OR PROGR FOR REVIE  17. IS THE APPLICANT  Yes If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND THE  Middle No. Suffix C. Telepho	IS NOT COVERAM HAS NOT DELINQUEN  TO EXPLANATION ARE THE APPLICAN  TO EXPLICANTION ARE THE APPLICANTION ARE THE AP	FRED BY E. O. 12372  BEEN SELECTED BY STATE  IT ON ANY FEDERAL DEBT?  NO  RUE AND CORRECT. THE  IT WILL COMPLY WITH THE
State \$ Local \$ Other \$ Program Income \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF THAUTHORIZED Representative of Name DRINKWATER	IE ASSISTANCE IS AM  FIRST PETER  PETER  Attative	1.2 )0,000 TO THIS AP	DATE: 10/2 b. No. PROGRAM OR PROGR FOR REVIE  17. IS THE APPLICANT  Ves If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND THE  Middle No. Suffix	24/05  IS NOT COVERAM HAS NOT DELINQUEN  TO DELINQUEN  TO EXPLICAN  THE APPLICAN  TO EXPLICAN  T	FRED BY E. O. 12372  BEEN SELECTED BY STATE  IT ON ANY FEDERAL DEBT?  NO  RUE AND CORRECT. THE  IT WILL COMPLY WITH THE

APPLICATION FOR FEDERAL ASSIST	ANCE	2. I ATE SUBMITT	ED	Version 7			
1. TYPE OF SUBMISSION		, ,	10/24/2005	Applicant Identifier			
Application	Pre-application	3. I ATE RECEIVE	D BY STATE	State Application Identifier			
Construction	Construction		BY FEDERAL AGENCY	Federal Identifier			
Non-Construction  5. APPLICANT INFORM	Than Camara	ion					
Legal Name:			Organizational Unit:				
COUNTY OF SAN DIEG	0		Department;				
Organizational DUNS:	9581646		Division:	PUBLIC WORKS			
Address; Street:			Name and talanhana	3			
	_		wind this abblic	number of person to be contacted on matters ation (give area code)			
1960 JOE CROSSON DE	l		Prefix:	First Name; PETER			
EL CAJON			Middle Name				
SAN DIEGO			Last Name DRINKWA	TEB			
State: CA	Zip Code 92020		Suffix:	TEN			
Country: USA	32020		Email:				
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):		_ Peter.Drink	water@adcounty.ca.gov			
95-60000	13 4		Phone Number (give area code) Fax Number (give area code) (619) 956-4839 (619) 956-4801				
8. TYPE OF APPLICATION	N:			NT: (See back of form for Application Types)			
III Ravision, anter approprie	New Continua	tion 🖫 Revision	В	(Cook back of form for Application Types)			
(See back of form for desci	iption of letters.)	_	Olher (specify)				
Other (specify)							
			9. NAME OF FEDERAL FEDERAL AVIATION A	L AGENCY: ADMINISTRATION			
10. CATALOG OF FEDE	CAL DOMESTIC ASSISTA	NCE NUI BER:	11. DESCRIPTIVE TITI	LE OF APPLICANT'S PROJECT:			
TITLE (Name of Pergram)		20-106	FALLBROOK COMMU	NITY AIRPARK - CONSTRUCT TERMINAL			
TITLE (Name of Program):	AIRPORT IMPROVEMENT	PROGR (M (AIP)	BUILDING.				
		ies, State ; etc.):					
FALLBROOK, SAN DIEGO 13. PROPOSED PROJEC				•			
Start Date:	Ending Date:		14. CONGRESSIONAL a. Applicant				
TBD 15. ESTIMATED FUNDING	TBD		52	b. Project			
a. Federal			16. IS APPLICATION S ORDER 12372 PROCES	UBJECT TO REVIEW BY STATE EXECUTIVE			
	\$	23 7,500	THIS PREA	PPLICATION/APPLICATION WAS MADE			
b. Applicant	\$	625		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON			
c. State	\$	- OU		25/05/05 (FAX & MAIL)			
d. Local	\$	1 1,875	_	<i>'</i>			
e. Other	\$			IS NOT COVERED BY E. Q, 12372			
. Program Income	¢	•	(	AM HAS NOT BEEN SELECTED BY STATE			
	3	,00*	17. IS THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?			
J. TOTAL	\$	250,000	☐ Yes If "Yes" attach an	a complementary (Fig. )			
8. TO THE BEST OF MY N	NOWLEDGE AND BELIE						
I I ALDED ASSURANCES	IF THE ASSISTANCE IS	E GOVER: (ING BODY OF AWARDE:)	THE APPLICANT AND TH	TION ARE TRUE AND CORRECT. THE IE APPLICANT WILL COMPLY WITH THE			
Authorized Representative	First Name						
ast Name	PETER	~ <b></b>	Middle Na	me			
DRINKWATER	2		Suffix				
TITLE DIRECTOR OF COUNTY A	IRPORTE		c. Telepho	ne Number (give area code)			
Signature of Aut to Re	presentation	The state of the s	(619) 956 e. Date Sig	<del>-48</del> 39			
evious Edition Usable	Thensell			10/24/05			
thorized for Local Reprodu	ction		W Serven Bear	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102			
	<b>~</b>	OCT 25	2005				
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		STATE CLEARIN	NG HOUSE				
		E WELL AND IN THE WAY AND THE WAY					

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
TYPE OF SUBMISSION: 10/27/05 3. DATE RECEIVE		RYSTATE	_   ``			
Application	Pre-application	•		State Application Identifier		
Construction	Construction	1	BY FEDERAL AGENCY	Federal Ide	ntifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
l egəl Name:	11		Organizational Unit			
Peter B. Moyle			Department:			
Organizational DUNS:			Wildlife, Fish, & Cons	servation Biolo	gy	
04-712-0084 Address:			Division: College of Agricultura	al and Environ	mental Sciences	
Street:			Name and telephone	number of r	serson to be contrated an enter	
Wildlife, Fish, and Conservation One Shields Ave	n Biology Department, Ud	C Davis	involving this applic	First Name:	rea code)	
City:			Dr.	Peter		
Davis County:	1		Middle Name B.		<u> </u>	
<u>olo</u>			Last Name		Al	
itate:	Zip Code		Moyle Suffix;			
ountry:	95616					
JSA ´			Email: pbmoyle@ucdavis.ed	u		
EMPLOYER IDENTIFICATION			Phone Number (give ac	'ea code)	Fax Number (give sten code)	
94-6036494	<u> </u>	M.	530-752-6355		530-752-4154	
TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bad	k of form for Application Types)	
Revision, enter appropriate let	tor(a) in handard	Revision	I. State Controlled Inst			
ee back of form for description	of letters.)		Other (specify)	neuon or rugn	er ceaming	
ther (specify)						
		· ·	9. NAME OF FEDERA	L AGENCY:		
. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	U.S. Environmental Pro	LE OF ARRI	CANTIL DOCUMENT	
		66-509			es provided by Chinook salmon in	
ITLE (Name of Program): 005- STAR		6 0 - 5 0 8	California: Managemer	nt options to o	vercome the effects of climate	
AREAS AFFECTED BY PR	OJECT (Cities Counties	Status	change.		· · · · · · · · · · · · · · · · · · ·	
utte County and Tehama Cour	on California	States, etc.);				
PROPOSED PROJECT	ny, Gamorina					
an Date:	Ending Date:		14. CONGRESSIONAL a. Applicant	DISTRICTS		
201/06 ESTIMATED FUNDING:	02/28/09		California I		o. Project California 2	
			16. IS APPLICATION S	UBJECT TO	REVIEW BY STATE EXECUTIVE	
Federal S			UKDER 12372 PROCES	557		
Applicant 5		707,928	a. Yes. AVAILABLE TO THE STATE EXECUTIVE O		TE EXECUTIVE ORDER 19272	
State			PROCESS	FOR REVIEW	/ON	
		,00	DATE: 10/2	25/05		
Local \$		.00	PROGRAM	IS NOT COVE	ERED BY E. O. 12372	
Other \$						
rogram Income \$		`	FOR REVIE	AM HAS NOT W	BEEN SELECTED BY STATE	
		- Ed	17. IS THE APPLICANT	DELINQUEN	T ON ANY FEDERAL DEBT?	
TOTAL \$			-			
TO THE BEST OF MY KNOW	VLEDGE AND BELIEF A	707,928	Yes If "Yes" attach ar			
CUMENT HAS BEEN DULY A [ACHED ASSURANCES IS 7:	UTHORIZED BY THE GO	OVERNING BODY OF	'LICATION/PREAPPLICA THE APPLICANT AND TH	TION ARE TR	RUE AND CORRECT. THE IT WILL COMPLY WITH THE	
Winorized Representative	TE ASSISTANCE IS AWA	ARDED.				
iix	First Name		Middle Na	mo		
il Name	Alyssa		A			
in'			Suffix			
			Telepho	ne Number (g	i.a	
reacts and Grants Analyst			6. Leichtig	we reminde th	ive area code)	
ntracts and Grants Analyst gnature of Authorized Represe	entative (1 14		530-752-2 e. Date Sic	2076	ive area code)	

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OCT **2 6** 2005

STATE CLEARING HOUSE

Prescribed by OMB Circular A-102

APPLICATION FOR		2. DATE SUBMI 10/25/05	TTED	Applicant Identifier			
1. TYPE OF SUBMISSION:	TANCE		_				
Application	Pre-application	3. DATE RECEIV	ED BY STATE	State Application Identifier			
X Construction	Construction	4. DATE RECEIV	ED BY FEDERAL AGENCY	Foderal Identifier			
Non-Construction	Non-Construction		== 311 == 314 tB X GENC I	R-9 Tracking #05-359			
5. APPLICANT INFORMAT	ION			1 K-9 1 Facking #05-359			
Legal Name: County of Sonoma			Organizational Unit:				
Organizational DUNS:			Department: Permit and Resource Ma	Dagement			
603747390	Address of the designation of the control of the co		Division:	and chert			
Address:			Name and telephone numb	Name and telephone number of person to be contacted on matters involving			
Street:	A Real Property Control	MANUAL MA	application (give area code Prefix:	·			
2550 Ventura Ave.	OCT 2	7 2005	Mr.	First Name: Thendore			
City: Santa Rosa	activic Continue		Middle Name:				
County:	TOTATE CLEA	RING HOUSE	Joseph				
Sonoma	A CONTRACTOR OF THE PROPERTY O	ECC CHICAGO E MARIO CON CONCOMPRENDE COM PROGRAMMENTO DE LA CONTRACTOR DE	Last Name: Walker				
State:	Zip Code:		Suffix:				
California Country:	95403		John K.				
United States			Email:				
6. EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		Twalker@sonoma-county				
94-600053			Phone Number (give area co (707) 565-8356	odc) Fax Number (give area code) (707) 565-1103			
8. TYPE OF APPLICATION:							
X New	Continuation	Revision	7. TYPE OF APPLICANT:	(See back of form for Application Types)			
If Revision, enter appropriate let (See back of form for description	tor(s) in how(er)		В				
Other (specify)			Other (specify)				
			9. NAME OF FEDERAL AC	GENCY:			
10 CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	Environmental Protection	Agency OF APPLICANT'S PROJECT:			
TITLE (Name of Program):	66-606		Monte Rio Communit	ty Wastewater Project			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	States are)					
Monte Rio. Sonoma County, Cr 13. PROPOSED PROJECT	difornia						
Suri Date:			14. CONGRESSIONAL DIS	TRICTS OF:			
_09/15/05	Ending Date: 03/30/08	·	a. Applicant	b. Project			
15. ESTIMATED FUNDING:			Sixth	Siveh			
a. Federal \$192.4			ORDER 12372 PROCESS?	ECT TO REVIEW BY STATE EXECUTIVE			
1	•		OKOUK 123/2 PROCESS!				
c. State \$ 64,6	00		AVAILABLE TO THE STAT	CATION/APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 PROCESS FOR			
d. Local \$			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
e. Other \$			DATE: 10/25/05	NOT COVERED BY E. O. 17772			
f. Program Income			REVIEW LJ OR PROGRAM	HAS NOT BEEN SELECTED BY STATE FOR			
Program Income \$ \$257,00			1	INQUENT ON ANY FEDERAL DEBT?			
8. TO THE BEST OF MY KNO	NO EDOS COM		I I I I I I I I I I I I I I I I I I I	enation VII			
	AUTHORIZED BY THE TIE ASSISTANCE IS A	ALL DATA IN THE GOVERNING BOI WARDED	IS APPLICATION/PREAPPLICA DY OF THE APPLICANT AND	ATION ARE TRUE AND CORRECT. THE THE APPLICANT WILL COMPLY WITH THE			
TABLETTICITI AT		- , aabijo,		This country in the second			
Pete	me		Middle Name				
ast Name							
arkinson Title			Suffix				
rirector			c. Telephone Numbe	n (olympia)			
Signature of Authorized Represe	Mative \	•	(707) 565-1925 c. Date Signed	r (give area code)			
revious Edition Usable	5 0 /		c. Office Signed	1. 27 2005			
uthorized for Local Reproduction	– <i>v</i>			Standard Form 424 (Rev. 9-2007)			
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P.3/3

NO.984

10/17/2005 15:06 DHA ADMIN TRATION → 44343

APPLICATION FOR FEDERAL ASSISTANCE	• •	2. DATE SUBMITTED		Apples	Version 7/0		
1. TYPE OF BUBMISSION:	<del>-</del>	October 17, 2005			Applicant Identifier		
Application	Pre-application	3. DATE RECEIVED BY STATE  4. DATE RECEIVED BY FEDERAL AGENCY		l	State Application Identifier  Federal Identifier  S-08-UC-08-0005		
Construction	Construction						
Non-Construction  S. APPLICANT INFORMATION	Non-Construction			3.08-0	C-118-0003		
Loyal Name:	· · · · · · · · · · · · · · · · · · ·		Organization	al Unit:			
County of Sacramonia			Department: Socramonto F	tousing and Red	evelopment Agency		
Organizational DUNS: 138400209			Division:				
Address:		M	Name and tol	ophane numbe	of person to be contacted on matters		
Street: G30   Street			Profix:	apulication (gi			
Çİty:			Midulo Name	Jen			
Socramento County:	man is in the legiting topy appearance						
Sacramento			Calloway				
Siale. California	Zip Code 96614	Buffig.					
Country. USA			Fmall:				
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)	•	Phone Numbe	or (olve orea code)	Fax Number (give area code)		
94-6000756	)		(916) 875-360	rt			
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANY: (Be	se back of form for Application Types)		
Movialon, onter appropriate let	V Continuation	Revision	Municipal				
(See back of form for description	of letters.)		Other (specify)	)			
Other (abacaly)	L		9. NAME OF FEDERAL AGENCY:				
			U. S. Department of Housing and Urban Development  11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:				
10. CATALOG OF PEDERAL	DMPHIC BRRISIENC		į.				
TITLE (Name of Program):		14-231	Soon Ewelder	ncy Shelter Gran	I		
Emargency Sheller Grant							
12. AREAS AFFECTED BY PR	DJECY (Citios, Counties.	States, alc.):					
13. PROPOSED PROJECT	***************************************		14 CONCRES	SONAL DISTR	ICTE OF		
Sian Data	Ending Date		a. Applicant		b. Project		
Jonuary 1, 2006 15. ESTIMATED FUNDING:	December 31, 2008	•	9rd, 4th, 5th, a		Ard, 4th, 5th, 4ftd 17th TTO REVIEW BY STATE EXECUTIVE		
a Federal S	<del></del>		<b>ORDER 12972</b>	PROCESS?			
		286.709			REAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant 5		, <b>W</b>	PROCESS FOR REVIEW ON				
c. 500 8		1,244,286	DATE. October 27, 2006  b. No.   PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
d. Local 8		2 887 070					
e. Other \$		- w					
t. Program Incomé \$		19,695,346					
g TOTAL S		00	4		·		
18 TO THE REST OF MY KNOW	NI FORE AND DELIES	24.113.010	C YOU IT WEE	anach an expla	Nation. IN No		
DOCUMENTAND SEEM DOLL	AUIMUNIZED BY INC (	SUVERNING BODY OF	THE APPLICAN	T AND THE APP	PLICANT WILL COMPLY WITH THE		
ATTACHED ABBURANCES IF Y A. Authorized Representative	HE ASSISTANCE IS AV	VARDED.					
P/pfix	First Name			Middle Name			
Last Nomo Wagstaff	J	11 11 00 00 000000000000000000000000000		Sufflix			
o. Title	aciona - I	and the second second of the second s	, w. D. J. W. L. W.	c. Yelephone Nu	mber (give area code)		
Director Department of Human A	antarive	The same of the sa		(916) 875-3001			
Yeydys Edipon Usable			Penna Dan	o. Date Signed	26/05		
Authorized for Lucei Reproduction OCT 2 7			)05	T	Prescribed by OMB Circular A-102		
		STATE CLEARING	HOUSE				

NO.984 **P**Ø3

19/17/2005 15:06 DHA ADMIN TRATION → 44343

Application  Construction  Construction  Non-Construction  Non-Construction  Non-Construction  City of Sacramento  Middle Name  Sacramento  City of Sacramento  Name and telephone number of Indicator  City of Sacramento  City o	poment Agency  purson to be contacted on matters rea code)  Fax Number (give area code)
Construction   Construction   Mon-Construction   Mo	pment Agency  purson to be contacted on matters rea code)  Fax Number (give area code)
S-06-MC-01 S. APPLICANT INFORMATION Logal Name: City of Sacramento Organizational DUNS: 139A0D314  Address: Sheet:	pment Agency  purson to be contacted on matters rea code)  Fax Number (give area code)
S. APPLICANT INFORMATION  City of Sacramento  Organizational DUNS:  City of Sacramento  Address:  Name and telephone number of Involving this application (give a Froilx: Me. Jon  City: Me. Jon  Middle Name  County: Sacramento  City didn: Middle Name  Sacramento  Sacramento  Middle Name  Suffix:	poment Agency  purson to be contacted on matter rea code)  Fax Number (give area code)
Logal Name:  City of Sacramento  Organizational DUNS: 139400514  Address:  Smeet:  Smeet:  Spect involving this application (give a reaction):  Sacramento  City: Sacramento  City: Sacramento  City: Sacramento  City: Sacramento  County: Sacramento  City: Sacramento  County: Sacramento  City: Sacramento	Fax Number (give area code)
Country:  Bewernerto Housing and Redevel  Chy of Sacramento  Addrese:  Addrese:  Addrese:  City:  Second Street  City:  City:  City:  City:  Country:  Country:  Country:  Country:  Country:  Country:  Country:  B. EMPLOYER IDENTIFICATION NUMBER (EIN).  B. EMPLOYER IDENTIFICATION:  (Revision, enter appropriete letter(s) in box(es)  See bock of form fur description of letters.)  Other (specify)  Other (specify)  Other (specify)  CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  114-231  Civition:  Civition:  Name and tolephone number of Involving this application (give area code)  Involving this application (give area code)  Addrese:  Programmic  Survey:  Addrese:  Involving this application (give area code)  Addrese:  Involving this application (give area code)  First Name:  Involving this application (give area code)  For analy.  Phone Number (give area code)  (018) 875-6801  7. TYPE OF APPLICANT: (Soo to Municipal other)  Other (specify)  Other (specify)  Other (specify)  11. DESCRIPTIVE YITLE OF APP	Fax Number (give area code)
Organizational DUNS: 13940514  Address:  Street:  Street:  Street:  City: Sacramento  County: Sacramento  County: Sacramento  Callifornia  State:  Callifornia  Suffix:  Country:  Sacramento  Country:	Fax Number (give area code)
Address:  Stroet:  St	Fax Number (give area code)
Street    Involving this application (pive a Prefix: First Name: Sacramento   First Name: Sacram	Fax Number (give area code)
City: Sacramento  County: Sacramento  County: Secramento  California  City: Sacramento  County: Sacramento  California  City: Sacramento  California  Califo	
Satramento County: Satramento Sulte: Celliomia  Zip Code Sible: Celliomia  Zip Code Sible: Celliomia  Country:  USA  B. EMPLOYER IDENTIFICATION NUMBER (EIN).  B. EMPLOYER IDENTIFICATION NUMBER (EIN).  Phone Number (give area code) (018) 873-6801  7. TYPE OF APPLICANT: (800 b) Revision, enter appropriate letter(s) in box(as) Sae book of form for description of letters.)  Other (apacify)  8. NAME OF FEDERAL AGENCY U. S. Department of Housing and the state of	
Sacremento  Gallowing  Calliomia  Surfix:  Calliomia  Surfix:  Email.  Email.  Phone Number (give area code)  (318) 875-6501  7. TYPE OF APPLICATION:  (Revision, enter appropriate letter(s) in box(es)  Sae book of form for description of letters.)  Other (specify)  Other (specify)  6. NAME OF FEDERAL AGENCY  U. S. Department of Housing and the surfice of AFPLICANT (Social Municipal Continuation of Cartinuation Continuation Continu	
State: California State: State	
Country: USA  B. EMPLOYER IDENTIFICATION NUMBER (EIN).  Phone Number (give area code)  (318) 875-6501  7. TYPE OF APPLICATION:  Revision, enter appropriate letter(s) in box(es)  See book of form for description of letters.)  Other (specify)  B. MAME OF FEDERAL AGENCY  U. S. Department of Housing and U.  B. CAYAL OG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  114-231	,
B. EMPLOYER IDENTIFICATION NUMBER (EIN).  Phone Number (give area code)  (018) 875-6801  7. TYPE OF APPLICATION:  Revision, enter appropriate letter(s) in bex(es) See book of form for description of letters.)  Other (apecify)  Other (apecify)  B. MAME OF FEDERAL AGENCY U. S. Department of Housing and to 11. DESCRIPTIVE YITLE OF AFP  114-231  1171E (Name of Program):	,
B 4 - 6 7 8 7 3 8  8. TYPE OF APPLICATION:  7. TYPE OF APPLICANT: (500 b)  1. Now (Continuation Revision Municipal  Other appropriate letter(s) in bex(es)  See book of form for description of letters.)  Other (specify)  6. NAME OF FEDERAL AGENCY  U. S. Department of Housing and to 10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE YITLE OF AFP  2006 Emergency Shelter Grant	,
8. TYPE OF APPLICATION:  (Revision, enter appropriete letter(s) in bex(es)  See book of form for description of letters.)  Other (specify)  8. NAME OF FEDERAL AGENCY  U. S. Department of Housing and to 1. Descriptive Yitle OF APPLICANT: (Soo bit Municipe)  11. Descriptive Yitle OF APPLICANT: (Soo bit Municipe)  12. Type OF APPLICANT: (Soo bit Municipe)  Other (specify)  13. NAME OF FEDERAL AGENCY  14. Descriptive Yitle OF APPLICANT: (Soo bit Municipe)  15. CAYALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  16. CAYALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  17. Type OF APPLICANT: (Soo bit Municipe)  Other (specify)  18. NAME OF FEDERAL AGENCY  19. Descriptive Yitle OF APPLICANT: (Soo bit Municipe)  11. Descriptive Yitle OF APPLICANT: (Soo bit Municipe)	at of form for Angilestics Viscos
Municipal  Revision, enter appropriate letter(s) in bex(es)  Cher (apecify)  Cher (apecify)  B. NAME OF FEDERAL AGENCY  U. S. Department of Housing and to the CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE YITLE OF AFP  2006 Emergency Shelter Grant	
Revision, enter appropriate letter(s) in box(es) See book of form for description of letters.)  Other (specify)  6. NAME OF FEDERAL AGENCY U. S. Department of Housing and to 15. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE YIYLE OF AFP  2006 Emergency Shelter Grant	or ottonition application types)
Other (apacify)  8. NAME OF FEDERAL AGENCY U. S. Department of Housing and to 16. CAYALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE YITLE OF AFP 2006 Emergency Shelter Grant	
15. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE YITLE OF AFP  11. DESCRIPTIVE YITLE OF AFP  2006 Emergency Snelter Grant	
16. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE YIYLE OF AFP  2006 Emergency Snelter Grant  11/LE (Name of Program):	1.1. 129
TITLE (Name of Program):	CANTIC PRO ISCY.
TITLE (Name of Program):	ADAM G PROJECT.
STATE CARLOS AND ADDRESS.	
Emergency Sheller Grant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
City of Sacramento	
13. PROPOSED PROJECT Shart Date: Ending Date: 9. Applicant	B OF:   b. Project
January 1, 2006 December 31, 2006 3rd, 4th, 5th, and 11th	Brd. 4th. 6th. and 11th
15. ESTIMATED FUNDING: 18. IS APPLICATION SUBJECT TO ORDER 12372 PROCESS?	REVIEW BY STATE EXECUTIVE
FACIONAL THIS PREAPPLICATION	NAPPLICATION WAS MADE
D. Applicant S PROCESS FOR REVI	TATE EXECUTIVE ORDER 12972
0	
1,244,295	18
1. Local B. No. III PROGRAM IS NOT CO	VERED BY E. Q. 12372
OR PROGRAM HAS N	ot been selected by State
Program Income 5	ENT ON ANY FEDERAL DEBT?
TOTAL \$ 24.113.010 DYOC II "Yee" sittech an explanation	on. 😢 No
19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREADD ICATION ARE	TRUE AND CODDECT THE
OCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICATED ASSURANCES IF THE ASSISTANCE IS AWARDED.	ANT WILL COMPLY WITH THE
A Authorized Remesentative	
Middio Namo Middio Namo	
ast Name Nageleff 9uffix	
Tria c. Telephone Number (918) 873-3801	(givo oras coda)
Signature of Authorized Representative	/
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STATE CLEARING HOUSE

APPLICATION FOR		2. DATE SUBMITTED		Applicant Idea	Version 7/03	
FEDERAL ASSISTANCE		10/24/2005		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier		
☑ Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENC		Federal Identi	fier	
Non-Construction	Non-Construction		C. AND DEVELOPMENT OF THE STATE			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
COUNTY OF SAN DIEGO			Department:	PUBLIC WORK	S	
Organizational DUNS: 00-958164	Organizational DUNS:			· · · · · · · · · · · · · · · · · · ·		
Address:	40		Name and telephone		rson to be contacted on matters	
Street:			involving this application (give area code)  Prefix: First Name:			
1960 JOE CROSSON DR.			PETER			
City: EL CAJON			Middle Name			
County: SAN DIEGO		<i>j</i>	Last Name DRINKWATER			
State: CA	Zip Code 92020		Suffix:			
Country: USA	1 02020		Email:			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	· .	Phone Number (give a	<pre>(water@sdcour rea code)</pre>	Fax Number (give area code)	
95-6000934			(619) 956-4839	,	(619) 956-4801	
8. TYPE OF APPLICATION:	1		7. TYPE OF APPLICA	NT: (See back	c of form for Application Types)	
✓ New		n 🛘 Revision	В			
If Revision, enter appropriate lette (See back of form for description			Other (specify)			
Other (specify)			9. NAME OF FEDERA	AL AGENCY:		
	······································		FEDERAL AVIATION	<b>ADMINISTRAT</b>		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC		11. DESCRIPTIVE TI	TLE OF APPLIC	K- CONSTRUCT TERMINA	
TITLE (Name of Program):		2 0 - 1 0 6	BUILDING.	UNITY AIRPAR	The same of the sa	
AIRPORT IMPROVEMENT PROGRAM (AIP)					OCT 3 1 2005	
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	; States, etc.):			. 1	
FALLBROOK, SAN DIEGO, CA  13. PROPOSED PROJECT			14. CONGRESSIONA	I DISTRICTS	STATE CLEARING HOU	
Start Date:	Ending Date:		a. Applicant	L DISTRICTS	b. Project	
TBD  15. ESTIMATED FUNDING:	TBD		16 IS APPLICATION	SUBJECT TO	48 REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PROCE	ESS?		
a. Federal \$		237,500	1d. 165. W		/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		625	PROCES	S FOR REVIEW	/ ON	
c. State \$		11,875	DATE: 10/25/05/05 (FAX & MAIL)			
d. Local \$		00	b. No. 🌐 PROGRAI	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$	West-7907-0001	. 00			F BEEN SELECTED BY STATE	
f. Program Income \$		. 00	17. IS THE APPLICAN		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		00			rry.	
18. TO THE BEST OF MY KNOW	M FDOE AND DELIEF	250,000 ·	Yes If "Yes" attach	•		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name		Middle	Name		
Last Name PETER Suffix						
DRINKWATER	DRINKWATER A					
b. Title DIRECTOR OF COUNTY AIRPORTS			c. Telephone Number (give area code) (619) 956-4839			
d. Signature of Authorited Representative			e. Date Signed 10/24/05			
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